

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 10 / 12 / 2014</div>	

Full Name of Payee <b>ccAdvertising</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014		
Mailing Address 14001C Saint German Dr Ste 353			Amount 1093.93		
City Centerville	State VA	Zip Code 20121	Transaction ID : SE.5526		
Purpose of Expenditure Voter ID Lists		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate TERRI LYNN LAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 136954.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>PERSON TO PERSON PAC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014		
Mailing Address PO BOX 49336			Amount 5555.55		
City COLORADO SPRINGS	State CO	Zip Code 80494	Transaction ID : SE.5312		
Purpose of Expenditure National Field Operations Services and Staff		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2014		
Name of Federal Candidate TERRI LYNN LAND		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 32043.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	6649.48
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

 MM / DD / YYYY  
 10 / 12 / 2014

Signature

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee <b>PERSON TO PERSON PAC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address PO BOX 49336		Amount 5555.55	
City COLORADO SPRINGS	State CO	Zip Code 80494	Transaction ID : SE.5313
Purpose of Expenditure National Field Operations Services and Staff		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 19 / 2014
Name of Federal Candidate GARY PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		26487.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5555.55
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	12205.03

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Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2014

Signature